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PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 24707A

First Inventor or Application Identifier Zeng

Title Acoustical Fibrous Insulation Product ...

Express Mail Label No. (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b) EL369383872US Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: **Box Patent Application** Washington, DC 20231 See MPEP chapter 600 concerning utility patent application contents. * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission [Total Pages Specification (if applicable, all necessary) (preferred arrangement set forth below) a. Computer Readable Copy - Descriptive title of the Invention - Cross References to Related Applications Paper Copy (identical to computer copy) b. - Statement Regarding Fed sponsored R & D Statement verifying identity of above copies C. - Reference to Microfiche Appendix ACCOMPANYING APPLICATION PARTS - Background of the Invention - Brief Summary of the Invention Assignment Papers (cover sheet & document(s)) - Brief Description of the Drawings (if filed) 37 C.F.R.§3.73(b) Statement Power of 8. - Detailed Description Attorney (when there is an assignee) - Claim(s) English Translation Document (if applicable) 9. - Abstract of the Disclosure Copies of IDS Information Disclosure 10 Citations Drawing(s) (35 U.S.C. 113) [Total Sheets Statement (IDS)/PTO-1449 Preliminary Amendment [Total Pages 4. Oath or Declaration Return Receipt Postcard (MPEP 503) 12. Newly executed (original or copy) (Should be specifically itemized) Copy from a prior application (37 C.F.R. § 1.63(d)) Small Entity Statement filed in prior application, b. (for continuation/divisional with Box 16 completed) Statement(s) 13 Status still proper and desired DELETION OF INVENTOR(S) PTO/SB/09-12) Certified Copy of Priority Document(s) Signed statement attached deleting (if foreign priority is claimed) inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 15. Other: * NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: of prior application No: 09 Continuation-in-part (CIP) Continuation Divisional Group / Art Unit: Prior application Information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS or Correspondence address below 22889 Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Name Address Zip Code City Fax Telephone Country Registration No. (Attomey/Agent) 38,037 Name (Print/Type) Stephen W. Barns

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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CEE TRANSMITTAL

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for FY 1999 Patent fees are subject to annual revision.			Filing Date				HEREWITH			
			First Named Inventor				Zeng			
Small Entity payments <u>must</u> be supported by a small entity states otherwise large entity fees must be paid. See Forms PTO/SB/0:	nent, 9-12.	Examiner Name				Unknov	wn			
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102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid	14	9 760	249	380	Fore	each addition nined (37 CF	al invention t	o be)		
109 78 209 39 ** Reissue independent claims over original patent	1	er fee (s	specify)						
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SUBMITTED BY Complete (if applicable)										
Name (PrintType) Stephen W. Barns			stration ney/Age		38,	037	Telephone	740/32		
Signature Start Signature							Date	29 D	EC 1999	